





HAWAII STATE ETHICS COMMISSION 13 MAY 31 AID :31 ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT :31

REF	PORT YEAR: 201	3	Amended Statem			OF HAWAII
For l	Lobbying Reporting Pe	riod: 🚺 January 1 -	last day of February	March 1 - April 30 S	TA E FAILY	cs Commission
OR	GANIZATION INFO	RMATION				
Dole Food Company Hawaii			Gail Mun			
Organization Name				Contact Person		
Do	le Food Compa	ny Hawaii a di	vision of Dole F	Food Company, Inc	C .	
11	16 Whitmore A	venue				
	ing Address (Number	r and Street or P.O. B	ox)			
	Wahiawa			HI		96786
City			. " 6	State		Zip Code
•	8) 621-3203		gail.mun@dole.com			
Tele	phone	Extension	Email Address	S 		
PAF	RT I. TOTAL EXPEN	IDITURES				
						Total Amount
1						
2	_					
3	Postage				3	
4	Compensation Pai	d to Lobbyists (Atta	ched Additional Shee paid to lobbyists during th	ts As Needed)		
	Lobbyist Name	·	para to lobbylota during a	Compensation Paid		
	A Daniel	XNUIU		_ A. <u>3</u> 40		
				В		
				D		
				E		
				F		
	= -			G		
				Total Compensation		360
5	Fees Paid to Cons	ultants (other than t	to Lobbyists)	<u> </u>	5	
6				. <u> </u>		
7	Receptions, Meals	, Food & Beverages	5		7	
8				<u> </u>		
9	Loans		<u> </u>		9	
10	Other Disburseme	nts			10	
				T . 4 . 4	·	360
	Add lines 1 throu	gn 10	_ _	Total Expend	ntures 🟲	

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		ER DAY N 9 for the purpose of lobbying in the total so	um of \$25 or more in any single
Name & Address	Amount or Value		
<u> </u>			
<u> </u>			
Check here if addition	nal sheets are attached		
		PER PERSON NA For the purpose of lobbying in the aggreg	gate of \$150 or more was made during
Name & Address	, canada ay ay pay tanan ad		Amount or Value
4 / 1041505			7
			
Check here if addition	nal sheets are attached		<u> </u>
PART II. CONTRIBUTIONS	S RECEIVED	- N 19	
Name and address of each person and the amount or value of such co		nurposes of lobbying in the total sum of S	\$25 or more during the statement perior
Name & Address	Amount or Value		
1141714 6171441-000			
Check here if addition	nal sheets are attached		
PART III. SUBJECT AREA Legylative and/or administrative ad		orted or opposed during the statement p	period:
Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other (indicate below):
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	
AUTHORIZED PERSON			
	Operations Directo	r	d11/12
Print Name of Authorized F	Jerson (Eiret M.I. Loch)	Title	Date (millione)
_/	,	m that you are the person whose nar	me annears as the "Authorized Pered
above and the information	contained in the form is true, corre	ct and complete to the best of your kr or failing to report the information requ	nowledge and belief. You further
FORM ORG (Revised 5/2013)	10.		Page 2 of